	Effective January 1, 2003 10/620,570													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER TH. TYPE OR SMALL ENT						
TOTAL CLAIMS			, 35.					RATE		FEE		RATE	FEE	
FO	R .	NUMBER FILED		NUMBER EXTRA			BASIC FEE		375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			3 5 minus 20=		*	15	X\$ 9=		=		OR	X\$18=	270	
IND	EPENDENT CL	C minus 3 =		* -	0		X42=			OR	X84=			
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+140		=		OR	+280=	_	
* [[the difference	in column 1 is	less than zero, enter "0"			olumn 2	1	TOTA	Ĺ		OR	TOTAL	1020	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								IAMS		ENTITY	OR	OTHER SMALL		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA	1	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.33	Minus ·	*3	5	-	X	X\$ 9	=		OR	X\$18=		
AME	Independent	+ 2	Minus	***	<u>2 .</u>	=		X42=	1		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140	=	1	OR	+280=		
Į	11						1	TO1	. –		OR	TOTAL	1	
		(Column 1)		(Colui	mn 2)	(Column 3)		addit. F	'EE]-;.	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**				X\$ 9	=		OR	X\$18≈.		
AME	Independent	* NTATION OF M	Minus	***	COL AINA]-		X42=			OR	X84=		
	FINOTFRESE	NATION OF W		CIVOCIVI	·		3	+140	=	·	OR	+280≃		
						•		TOT ADDIT. F			OR	TOTAL ADDIT, FEE		
		(Cotumn 1)		_, (Colu	ma 2)	(Column 3)						ASON. I EL		
ENTC		CLAIMS REMAINING AFTER AMERICMENT		HIGH NUM PREVI PAID	EST BER DUSLY	PRESENT EXTRA		FIATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
K	Testal	*	Maneus	**		•		X\$ 9	•		OR	X\$18=		
	Independent	ENTARION OF M	Minus	HOLD DEALTHEAT	ECT ARA			X42-			OR	X84=		
		ALPHANIC OF MA	V-111 45 64				J	+140			OR	+280=		
	Che Matesi No	mn 1 is less than i	all For IN TH	BSPACE	is less the	n 20. enter 20		TOT ADDIT: F			OR	TOTAL		
	The House Na	major Previously Parabor Préviously Pa	WIFE IN TH	BEPACE	is less the	m S. Willer "3."				roprise bi	k lites	ADOIT FEE		

4.

Application or Docket Number